



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-800-422-6207.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<b>In Network: \$750/person; \$2,250/family.</b> Out-of-network: <b>\$1,500/person; \$4,500/family.</b> Annual deductible doesn't apply to prescription drugs or wellness benefits.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. <b>\$100</b> for each emergency room visit. Dental: <b>\$100/person</b>	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. In Network: <b>\$7,150/person; \$14,300/family.</b> There is no limit for Out-of-network expenses.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Copayments, premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as limits on the number of office visits.
Does this plan use a <u>network of providers</u> ?	Yes. Call BCBS of Illinois at <b>1-800-810-2583</b> for a list of participating providers or go to <a href="http://www.BCBSIL.com">www.BCBSIL.com</a> .	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$45 office visit co-pay.	50% coinsurance after deductible	Copays and coinsurance do not apply to deductible
	Specialist visit			
	Other practitioner office visit	\$45 office visit co-pay.	50% coinsurance after deductible	20 visits annual maximum for combined chiropractic care and physical therapy. Copays/Coinsurance do not apply to deductible.
	Preventive care/screening/immunization	No Charge.	50% coinsurance.	Some restrictions may apply. Routine physical exam: one/two years (up to age 40); one/year (age 40 and older). Annual gynecological exam; annual pap smear; Annual mammogram age 40 and older). Prostate exam and colonoscopy every 5 years (age 50 and older). Annual adult immunizations (except those solely for travel not covered); Five well child care visits for a newborn; Recommended child immunizations to age 19. Does not apply to deductible.
If you have a test	Diagnostic test (x-ray, blood work)	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductible) up to \$23,250; 25% of eligible charges thereafter.	Expenses not covered if they exceed Reasonable and Customary charges.
	Imaging (CT/PET scans, MRIs)			

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
<p><b>If you need drugs to treat your illness or condition</b>            More information about <b>prescription drug coverage</b> is available at Express Scripts: (800) 335-5940  <a href="http://www.express-scripts.com">www.express-scripts.com</a></p>	Generic drugs	\$15 copay for 30-day retail supply. \$30 copay for 90-day mail-order supply.	50% after \$15 copay for 30-day retail supply. 50% after \$30 copay for 90-day mail-order supply.	Does not apply to deductible or out-of-pocket maximum. Only generic drugs are covered, unless there is no generic equivalent available on the market. In those cases, the copays for Brand name Drugs will apply and the fund will pay for the drug.
	Preferred brand drugs	\$40 copay for 30-day retail supply. \$80 copay for 90-day mail-order supply.	50% after \$40 copay for 30-day retail supply. 50% after \$80 copay for 90-day mail-order supply.	
	Non-preferred brand drugs	\$70 copay for 30-day retail supply. \$140 copay for 90-day mail-order supply.	50% after \$70 copay for 30-day retail supply. 50% after \$140 copay for 90-day mail-order supply.	
	Specialty drugs	30% of charges.	50% of charges.	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductible) up to \$23,250; 25% of eligible charges thereafter.	Expenses not covered if they exceed Reasonable and Customary charges.
	Physician/surgeon fees			
<p><b>If you need immediate medical attention</b></p>	Emergency room services	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	25% of eligible charges (after deductible), there is no out-of-pocket limit.	\$100 deductible per visit in addition to any other deductibles you have to pay
	Emergency medical transportation	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	25% of eligible charges (after deductible), there is no out-of-pocket limit.	Transport to nearest appropriate facility as medically necessary for emergency care or acute illness. Restrictions apply to air/sea transport.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need immediate medical attention	Urgent care	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	Expenses not covered if they exceed Reasonable and Customary charges.
If you have a hospital stay	Facility fee (e.g., hospital room)	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	Benefits reduced by 50% if not pre-certified (additional cost does not apply to deductible or out-of-pocket costs). Covers semi-private room rate. Non-emergency admissions of Friday, Saturday or Sunday not covered (exclusions may apply).
	Physician/surgeon fee			
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	Expenses not covered if they exceed Reasonable and Customary charges.
	Mental/Behavioral health inpatient services			
	Substance use disorder outpatient services			
	Substance use disorder inpatient services			
If you are pregnant	Prenatal and postnatal care	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	Expenses not covered if they exceed Reasonable and Customary charges.
	Delivery and all inpatient services			

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
<b>If you need help recovering or have other special health needs</b>	Home health care	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	20 visits physical therapy and chiropractic care combined annual maximum.
	Rehabilitation services			
	Habilitation services	Not covered.	Not covered.	Not applicable.
	Skilled nursing care	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	Inpatient admission must be recommended by a physician. Must have a stay of at least 3 days in acute care hospital & be admitted within 15 days of discharge from hospital. Other restrictions may apply.
	Durable medical equipment	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	One (1) initial CPAP set-up maximum per lifetime. Prosthetics or orthopedic devices covered: arm, leg or eye; must be medically necessary; cost does not exceed least expensive available option; may not be primarily for sport or recreation.
	Hospice service	25% of eligible charges (after deductible) up to out-of-pocket limit; No cost thereafter.	50% of eligible charges (after deductibles) up to \$23,250; 25% of eligible charges thereafter.	\$20,000 lifetime maximum.
<b>If your child needs dental or eye care</b>	Eye exam	Not Covered.	Not Covered.	Not applicable.
	Glasses	Not Covered.	Not Covered.	Not applicable.
	Dental check-up	No cost for diagnostic and preventative.	No cost for diagnostic and preventative.	1 exam every 6 months maximum for children under age 19; Orthodontia not covered.

## Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery (some exceptions may apply)
- Cosmetic surgery (some exceptions may apply)
- Expenses that are not considered medically necessary, even if ordered by a physician
- Expenses above reasonable or customary
- Hearing aids
- Infertility treatment
- Long-term Care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

### Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care (limitations apply)
- Dental care (Adult)-annual maximum \$1,000

**Your Rights to Continue Coverage:** If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-800-422-6207. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

**Your Grievance and Appeals Rights:** If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, contact the plan at 1-800-422-6207. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact: Texas Consumer Health Assistance Program, Texas Department of Insurance, Mail Code 111-1A, 333 Guadalupe, P.O. Box 149091, Austin, TX 78714-9091. (800) 252-3439 <http://www.texashealthoptions.com> / [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**Does this Coverage Provide Minimum Essential Coverage?** The Affordable Care Act requires most people to have health coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

**Does this Coverage Meet the Minimum Value Standard?** The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-422-6207 o [www.zenith-american.com](http://www.zenith-american.com) .

*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,830
- Patient pays \$2,710

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$7500
Co-pays	\$290
Co-insurance	\$1,520
Limits or exclusions	\$150
<b>Total</b>	<b>\$2,710</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,280
- Patient pays \$2,120

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$750
Co-pays	\$1,030
Co-insurance	\$260
Limits or exclusions	\$80
<b>Total</b>	<b>\$2,120</b>

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✘ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✘ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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